U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines for civil pena ties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U [\$165]	2 Fiscal Year Covered From			
,	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Brian Schneck	Name Local 259 United Automobile Workers			
	Labor Organization File Number 038-742			
PO Box Bldg Room No If any c/o UAW Local 259	P O Box Building and Room Number if any			
Street 113 University Place	Street 113 University Place			
City New York	City New York			
State New York ZIP Code + 4 10003-4527	State New York ZIP Code + 4 10003-4527			
5 Position in labor organization				
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizates 6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg. Room No. if any Street	derived income or other economic benefit of on represents or is actively seeking to represent 7 a Nature of Interest Tran action or Income 7 b Amount			
City				
State ZIP Code + 4				
Signature				
15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned skinowledge and belief true correct and complete (See the sec	ing documents) has been examined by the signatory and is to the best of the			

Name of Person Filing Brian Schneck	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Local 259 UAW Pension Fund Trade Name if any PO Box Bldg Room No if any Street 2185 Lemoine Avenue City Fort Lee State New Jersey ZIP Code +4 07024 6306	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name Trade Name if any P O Box Bldg Room No if any	Trustee of Local 259 Pension Fund (see attached)			
• Street				
City	11 b Approximate dollar value of such dealing			
State ZIP Code + 4	Reimbursement of expenses for attendance at educational conference/seminar 6/13/04 - 6/16/04			
	12 b Amount \$1 560			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name if any				
PO Box Bidg Room No If any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing Brian Schneck	File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

C. Norman and address of Business (moluding trade name of any)	9 Business deals with		
8 Name and address of Business (including trade name if any)	1		
Name Local 259 UAW Welfare and Pension Fund	a Labor Organization		
Trade Name If any	<u> </u>		
	b Trust		
PO Box Bidg Room No If any			
Street 2185 Lemoine Avenue	c Employer		
City Fort Lee			
State New Jersey ZIP Code + 4 07024-6036			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Trustee of Local 259 UAW Welfare as (see attachment)	nd Pension Funds	
Trade Name If any	(Bod addassiment)		
Trace Name II any			
P O Box Bldg Room No If any	Backer		
Street			
City			
State ZIP Code + 4	11 b Approximate dollar value of such dealing		
	12 a Nature of interest held or income received		
	Value of meals provided at Board of Trustee		
	meetings on 1/8/04 8/23/04 and 12	/6/04	
	1		
	12 b Amount	\$219	

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LM-30 Attachment

Name Brian Schneck LM-30 File Number To be assigned Ending date of report period 12/31/04

LM-30 Items Number

8, 9, 11a and 11b

Per direction provided by U S DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.